

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/787922**
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3/10				
5		10				
6		10				
7		10				
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50						
TOTAL IND.	1					
TOTAL DEP.	30					
TOTAL CLAIMS	31					

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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